

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 25 / 2014 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	188713.09	
(c) Total Receipts (from Line 19)	29251.22	696603.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	217964.31	1146609.11
7. Total Disbursements (from Line 31)	8642.62	937287.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	209321.69	209321.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	2	5	/	2	0	1	4		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	4		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24521.78	566488.53
(ii) Unitemized	4729.44	127614.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	29251.22	694103.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	29251.22	694103.03
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29251.22	696603.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29251.22	696603.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	142.62	1020.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	142.62	1020.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	602000.00
24. Independent Expenditures (use Schedule E)	0.00	334183.70
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	83.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8642.62	937287.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8642.62	937287.42

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29251.22	694103.03
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29251.22	694019.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	142.62	1020.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	142.62	1020.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stuart Anness

Mailing Address 1875 Forest View Ln

City State Zip Code
 Cincinnati OH 45233-4965

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 19 2014

Transaction ID : 6186B6D3-B9D2-4706-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joe Arterberry

Mailing Address 224 E Broadway, Suite 110

City State Zip Code
 Louisville KY 40202-2016

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : 49711F91-0FEE-446E-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Lauren Baker

Mailing Address 345 E 53rd St

City State Zip Code
 Minneapolis MN 55419-1431

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2014

Transaction ID : 06AF9400-DC4F-496F-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1291.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ivan Battle

Mailing Address 9301 W 74th St. Suite 210

City State Zip Code
 Shawnee Mission KS 66204

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : A2D6E790-7ED8-49FA-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Andrew Berman

Mailing Address 9630 N Kenton Ave

City State Zip Code
 Skokie IL 60076

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2014

Transaction ID : CC9FF9E4-89A2-4C15-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Daniel Bernstein

Mailing Address 451 Ruin Creek Rd Ste 204

City State Zip Code
 Henderson NC 27536-5920

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 06 2014

Transaction ID : 9E5383C1-1556-425D-8

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bradley Black

Mailing Address 302 W 14th St

City

Jeffersonville

State

IN

Zip Code

47130-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2014

Transaction ID : 3F088069-6540-421E-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Bogorad

Mailing Address 1120 15th St

City

Augusta

State

GA

Zip Code

30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2014

Transaction ID : 17F795E6-30E1-43D9-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. David Bogorad

Mailing Address 1120 15th St

City

Augusta

State

GA

Zip Code

30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : EFB0F5FD-C22D-47D2-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Boyer

Mailing Address 1127 Wilshire Blvd Ste 1620

City

Los Angeles

State

CA

Zip Code

90017-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

12 / 15 / 2014

Transaction ID : BACD0535-159E-40A5-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. William Bridges Jr.

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.24

Date of Receipt

11 / 30 / 2014

Transaction ID : FF2D0A8A-BE27-4FE6-9

Amount of Each Receipt this Period

111.08

Full Name (Last, First, Middle Initial)

C. William Bridges Jr.

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.24

Date of Receipt

12 / 31 / 2014

Transaction ID : ADCBFDB6-AAF6-4CE0-A

Amount of Each Receipt this Period

111.08

SUBTOTAL of Receipts This Page (optional)..... ►

305.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

11 / 30 / 2014

Transaction ID : CBEBF051-9652-4560-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

12 / 31 / 2014

Transaction ID : 8447EEA8-D40C-4997-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Kent Carlson

Mailing Address 3401 S Broadway

City State Zip Code
Alexandria MN 56308-3477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

11 / 30 / 2014

Transaction ID : BD22F3B0-6528-45DF-8

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

197.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kent Carlson

Mailing Address 3401 S Broadway

City

Alexandria

State

MN

Zip Code

56308-3477

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : E6166C52-BA79-4F38-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Andrew Choy

Mailing Address 4100 Long Beach Blvd Ste 108

City

Long Beach

State

CA

Zip Code

90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 18 / 2014

Transaction ID : 59E37EE0-E6BA-4998-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Joanne Cochrane

Mailing Address 2981 Olive Hwy

City

Oroville

State

CA

Zip Code

95966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Transaction ID : 482CCD19-D2D7-49FB-B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

695.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Cotter

Mailing Address PO Box 1789

City

Roanoke

State

VA

Zip Code

24008-1789

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2014

Transaction ID : 838B30B6-2333-440A-B

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

B. James Croley III

Mailing Address 613 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

12 / 15 / 2014

Transaction ID : 2AB13369-EC71-4DEA-B

Amount of Each Receipt this Period

166.66

Full Name (Last, First, Middle Initial)

C. Richard Davenport

Mailing Address 2424 S 90th St Ste 204

City

West Allis

State

WI

Zip Code

53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

823.37

Date of Receipt

12 / 15 / 2014

Transaction ID : 4F3B92CE-CA77-4AD5-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ▶

374.99

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Doe

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.03

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 7E955B22-66B8-4076-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. William Ehlers

Mailing Address 125 Secret Lake Rd

City

Avon

State

CT

Zip Code

06001-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : B62A953A-E6C3-4238-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Joseph Feghali

Mailing Address 2000 Hampton Ctr Ste D

City

Morgantown

State

WV

Zip Code

26505-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2014

Transaction ID : D804D8A9-ECDC-473D-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

448.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stan Feil

Mailing Address 112 N Akers St Ste A

City

Visalia

State

CA

Zip Code

93291-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

11 / 30 / 2014

Transaction ID : 8192256F-F275-464A-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stan Feil

Mailing Address 112 N Akers St Ste A

City

Visalia

State

CA

Zip Code

93291-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

12 / 31 / 2014

Transaction ID : E718EE80-4588-4468-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brad Feldman

Mailing Address 1703 S Broad St

City

Philadelphia

State

PA

Zip Code

19148-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

12 / 15 / 2014

Transaction ID : 03A8B834-2CFC-494C-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

208.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Finegan

Mailing Address 236 Roseberry St

City
Phillipsburg

State Zip Code
NJ 08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 227DD0AE-318F-492F-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. James Finegan

Mailing Address 236 Roseberry St

City
Phillipsburg

State Zip Code
NJ 08865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : E1FF68DE-5D80-4E88-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Sidney Gicheru

Mailing Address 4385 San Carlos Drive

City
Dallas

State Zip Code
TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : D5C35E93-6C44-431A-9

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

374.99

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Gilbert

Mailing Address 12301 NE 10th Pl Ste 200

City State Zip Code
 Bellevue WA 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : 6C082188-2867-41C4-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Christopher Gualtieri

Mailing Address 3969 4th Ave Ste 300

City State Zip Code
 San Diego CA 92103-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : 863C0950-48D4-47AE-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Vamsi Gullapalli

Mailing Address 600 Pavonia Ave Ste 6

City State Zip Code
 Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 30 2014

Transaction ID : 95CF32BA-E3B3-47D8-B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

213.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Vamsi Gullapalli

Mailing Address 2330 Troop Drive
Suite 104

City State Zip Code
Sartell MN 56377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : D80680AB-6A1F-4B02-B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City State Zip Code
Lawton OK 73507-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 4BDEE260-0043-4BA4-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Gary Hirshfield

Mailing Address 11 Hillside Ave

City State Zip Code
Port Washington NY 11050-2723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.03

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 509BE022-CBE1-4018-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

183.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. G. Baker Hubbard

Mailing Address 1365B Clifton Rd NE Ste B4401

City State Zip Code
 Atlanta GA 30322-1013

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.38

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : B769BC57-95E8-4CA7-8

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

B. Robert Janigian

Mailing Address 120 Dudley St Ste 303

City State Zip Code
 Providence RI 02905-2429

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.63

Date of Receipt

M M / D D / Y Y Y Y Y
 11 30 2014

Transaction ID : 904D6634-ABB7-42E6-B

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert Janigian

Mailing Address 120 Dudley St Ste 303

City State Zip Code
 Providence RI 02905-2429

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.63

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : 57B22867-0345-42BE-9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

102.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jaime Jimenez-Agosto

Mailing Address 1420 S 28th Ave

City

Hattiesburg

State

MS

Zip Code

39402-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 12 / 2014

Transaction ID : BE30C692-6B06-4B11-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Leslie Jones

Mailing Address 8477 Indian Paintbrush Way

City

Lorton

State

VA

Zip Code

22079-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

11 / 30 / 2014

Transaction ID : 50A99A95-485B-4BDD-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Leslie Jones

Mailing Address 8477 Indian Paintbrush Way

City

Lorton

State

VA

Zip Code

22079-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

12 / 15 / 2014

Transaction ID : 7D7218DE-79A5-46EA-8

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

541.67

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : CF27E62E-F2DA-45A1-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kenneth Kato

Mailing Address 2020 Fleischmann Rd

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1041.67

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 59B111DF-8693-4BC4-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Peter Kelly

Mailing Address 1504 N Main St

City

Palmer

State

MA

Zip Code

01069-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2014

Transaction ID : 0095E515-B57C-4D1E-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Laura King

Mailing Address 225 N Columbus Dr Apt 6705

City State Zip Code
 Chicago IL 60601-7910

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
 11 30 2014

Transaction ID : 587B27CB-2D7B-4737-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Laura King

Mailing Address 225 N Columbus Dr Apt 6705

City State Zip Code
 Chicago IL 60601-7910

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : 841D864C-950F-4E68-A

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Judith Kirby

Mailing Address 4209 Bordeaux Ave

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : D68810AE-7A81-4F8A-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

102.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Craig Kliger

Mailing Address 100 Galewood Cir

City State Zip Code
 San Francisco CA 94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.03

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : 40DA7526-30C3-4FF4-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Daniel Krivoy

Mailing Address 9808 Venice Blvd Ste 400

City State Zip Code
 Culver City CA 90232-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.26

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 30 / 2014

Transaction ID : 07EF8182-9387-4EE6-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Daniel Krivoy

Mailing Address 9808 Venice Blvd Ste 400

City State Zip Code
 Culver City CA 90232-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.26

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : 3D2731EF-FE5E-4561-9

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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102.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott Lanoux

Mailing Address 4324 Veterans Blvd Suite 107

City State Zip Code
 Metairie LA 70006

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 03 2014

Transaction ID : 3DCB1834-7D74-46B2-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Janice Law

Mailing Address 2311 Pierce Ave

City State Zip Code
 Nashville TN 37232-8808

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : 102C2A3F-307C-43B5-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Todd Long

Mailing Address 799 Gilliams Mountain Rd

City State Zip Code
 Charlottesville VA 22903-9731

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2014

Transaction ID : 286DCAD1-4B1D-4B4A-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

791.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brian Lueth

Mailing Address 3930 Hoyt Ave

City

Everett

State

WA

Zip Code

98201-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2014

Transaction ID : 0E5201EB-711B-4389-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ben Mahan

Mailing Address 926 N Jackson St

City

Tullahoma

State

TN

Zip Code

37388-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2014

Transaction ID : 9A548C43-C344-4D5F-A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Ahad Mahootchi

Mailing Address PO Box 1059

City

Zephyrhills

State

FL

Zip Code

33539-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 8DE1E549-CC6E-46FB-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

11 / 30 / 2014

Transaction ID : A09D5EED-8DCB-4C80-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

12 / 31 / 2014

Transaction ID : 2231A8CF-7490-451E-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Sam Edward Mansour

Mailing Address 20 Rock Pointe Ln Ste 201

City

Warrenton

State

VA

Zip Code

20186-2680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 15 / 2014

Transaction ID : AEB6C73D-4FDE-4230-8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

183.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alan Marks

Mailing Address 1981 Marcus Ave Ste E115

City State Zip Code
 Lake Success NY 11042-2060

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2014

Transaction ID : 3563F0C2-CB80-403C-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jose Agustin Martinez

Mailing Address 801 W 38th St Ste 200

City State Zip Code
 Austin TX 78705-1169

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : 5004F275-C99F-4E51-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benjamin Mason

Mailing Address 3108 Waterbury Dr

City State Zip Code
 Cedar Falls IA 50613-1514

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2014

Transaction ID : D2B96E32-89CC-4B00-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott Massios

Mailing Address 530 By Pass 123 Ste C

City State Zip Code
Seneca SC 29678-0859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2014

Transaction ID : 021D9F38-738F-49D5-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code
Rio Rancho NM 87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.63

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2014

Transaction ID : AB38106D-DBD5-466C-9

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Peter Menger

Mailing Address 7809 Myrtle Ave

City State Zip Code
Glendale NY 11385-7439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 04 2014

Transaction ID : EF641D8E-676D-434D-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

792.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 120 Dudley St Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

11 / 30 / 2014

Transaction ID : 4052E9DC-E980-4CFA-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 120 Dudley St Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

12 / 31 / 2014

Transaction ID : F6C67A5A-D99A-4042-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 31 S Almondell Way

City

The Woodlands

State

TX

Zip Code

77354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1433.32

Date of Receipt

11 / 30 / 2014

Transaction ID : 48235871-C8A3-434C-A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

266.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kamal Nassif

Mailing Address 2300 N Mayfair Rd Ste 1155

City State Zip Code
Milwaukee WI 53226-1553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2014

Transaction ID : 4C55D2DC-E822-49AC-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kelly Patrick O'Neill

Mailing Address 3054 Fairfield Avenue

City State Zip Code
Cincinnati OH 45206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : B796E584-D022-4245-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mark Ozog

Mailing Address 1417 9th St S Ste 100

City State Zip Code
Great Falls MT 59405-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : 67175C92-82FA-4DC5-9

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1530.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Ozog

Mailing Address 1417 9th St S Ste 100

City State Zip Code
 Great Falls MT 59405-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 31 2014

Transaction ID : 9BB65411-D8FF-417C-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Philip Paden

Mailing Address 221 W Stewart Ave Ste 110

City State Zip Code
 Medford OR 97501-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 29 2014

Transaction ID : A10829AF-8B8A-499B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Javier Perez

Mailing Address 100 N Dean Road, Suite 200B

City State Zip Code
 Orlando FL 32825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 12 2014

Transaction ID : F9E33648-B2AA-4064-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nelson Preschel

Mailing Address 17900 NW 5th St Ste 204

City State Zip Code
Pembroke Pines FL 33029-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2014

Transaction ID : 5BA0FAD5-00D5-431A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Quayle

Mailing Address 2855 Gramercy St

City State Zip Code
Houston TX 77025-1697

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2014

Transaction ID : 671C8CC6-FDE3-417E-A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Rinkoff

Mailing Address 748 State St

City State Zip Code
Medford OR 97504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : 6D8984AA-1365-42D1-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 32 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip Rizzuto

Mailing Address 120 Dudley St Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2014

Transaction ID : AB78EDFC-8031-49FB-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Philip Rizzuto

Mailing Address 120 Dudley St Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2014

Transaction ID : 6B0ABD33-9B8F-4C37-8

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

C. Carey Robinson

Mailing Address 1960 Electric Rd

City

Roanoke

State

VA

Zip Code

24018-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 05 / 2014

Transaction ID : 0CAEE529-BDD6-4A59-A

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

383.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 33 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Rosenfeld

Mailing Address 16201 S Military Trl

City

Delray Beach

State

FL

Zip Code

33484-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2014

Transaction ID : 15619FBE-6E72-4369-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Brian Paul Roth

Mailing Address 1022 West Ivy

City

Moses Lake

State

WA

Zip Code

98837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2014

Transaction ID : 6E661DB6-3A31-446D-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Ruckman

Mailing Address 2 Medical Center Blvd

City

Lufkin

State

TX

Zip Code

75904-3175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : AD156F10-AA04-4611-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ralph Sando Jr.

Mailing Address 26 Sugar Knoll Drive

City State Zip Code
Devon PA 19333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 18 2014

Transaction ID : E89410B3-B63B-46A1-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald Schultz

Mailing Address 81893 Doctor Carreon Blvd Ste 2

City State Zip Code
Indio CA 92201-5592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 04 2014

Transaction ID : C24314D7-14D4-420F-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Gary Schwartz

Mailing Address 10356 Tapestry Bend

City State Zip Code
St Paul MN 55042-6006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2014

Transaction ID : A3396886-6DF2-4518-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rebeca Segura-Robins

Mailing Address 2462 Harvard Cir

City	State	Zip Code
Walnut Creek	CA	94597-3000

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2014

Transaction ID : 1B8273EC-74A9-44E8-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Angana Shah

Mailing Address 32 Belamour Dr

City	State	Zip Code
Washington Crossin	PA	18977

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	15	/	2014

Transaction ID : 0558CBFC-3EDA-4154-A

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Debra Shetlar

Mailing Address 2002 Holcombe Blvd Ste 112C

City	State	Zip Code
Houston	TX	77030-4211

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	16	/	2014

Transaction ID : EB05C008-D69F-4ACB-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

740.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. R. Michael Siatkowski

Mailing Address 608 Stanton L Young Blvd

City State Zip Code
 Oklahoma City OK 73104-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 04 2014

Transaction ID : 14070B85-64A0-4E38-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven Sicher

Mailing Address 230 W. Detweiller Dr.

City State Zip Code
 Peoria IL 61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2014

Transaction ID : 4550C5FD-6474-471E-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bonnie Silverman

Mailing Address 475 Tuckahoe Rd Ste 203

City State Zip Code
 Yonkers NY 10710-5716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2014

Transaction ID : 3521818B-133B-42CD-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1395.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City State Zip Code
 Mount Kisco NY 10549-2217

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.42

Date of Receipt

M M / D D / Y Y Y Y
 12 14 2014

Transaction ID : 490AC590-76EF-4891-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Trond Stockenstrom

Mailing Address 208 Cecil St SE

City State Zip Code
 Minneapolis MN 55414-3613

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
 12 17 2014

Transaction ID : 2AC5495C-86FD-4C42-8

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Cameron Stone

Mailing Address 21 Medical Park Dr

City State Zip Code
 Asheville NC 28803-2493

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.97

Date of Receipt

M M / D D / Y Y Y Y
 12 15 2014

Transaction ID : 1C4E3C27-8AD2-482F-8

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

313.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Prem Subramanian

Mailing Address 500 Dartmouth Ave

City

Silver Spring

State

MD

Zip Code

20910-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

11 / 30 / 2014

Transaction ID : AC26FC76-DBB8-483F-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Prem Subramanian

Mailing Address 500 Dartmouth Ave

City

Silver Spring

State

MD

Zip Code

20910-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

12 / 31 / 2014

Transaction ID : 744B7531-48CE-4B60-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Frank Terrell

Mailing Address PO Box 1317

City

Stephenville

State

TX

Zip Code

76401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 05 / 2014

Transaction ID : CA1327BA-0CE7-4F12-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Miguel Torres

Mailing Address 2225 Ponce By Pass Suite 802

City State Zip Code
Ponce PR 00717

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 15 2014

Transaction ID : 48820B83-8E05-48E3-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kevin Treacy

Mailing Address 645 Ridgewood Rd

City State Zip Code
Duluth MN 55804-1856

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 17 2014

Transaction ID : D365FD04-5697-47BB-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Versackas

Mailing Address 1212 Pleasant St Ste 202

City State Zip Code
Des Moines IA 50309-1411

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 19 2014

Transaction ID : 867ADC84-7908-45A7-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Volk

Mailing Address 200 S 5th St

City

Bismarck

State

ND

Zip Code

58504-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : 2CE0923F-5198-4B2F-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City

Virginia Beach

State

VA

Zip Code

23462-6541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2014

Transaction ID : 4561036B-6337-4E87-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Roberto Warman

Mailing Address 3200 SW 60th Ct Ste 103

City

Miami

State

FL

Zip Code

33155-4069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2014

Transaction ID : 4A6F3DA7-9E6B-45C5-9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1333.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 41 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City
Seattle

State
WA

Zip Code
98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.33

Date of Receipt

12 / 15 / 2014

Transaction ID : F38546DE-C855-478C-9

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Tay Weinman

Mailing Address 571 West 7th St

City

San Pedro

State

CA

Zip Code

90731-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

12 / 31 / 2014

Transaction ID : 3250917A-647F-4090-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Floyd Wergeland Jr.

Mailing Address 3425 Malpazo Ct

City

Bonita

State

CA

Zip Code

91902-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

12 / 08 / 2014

Transaction ID : 00EEC40C-8D1E-45CA-8

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matthew Wheatley

Mailing Address 924 Highland Ave

City

Westfield

State

NJ

Zip Code

07090-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 28 / 2014

Transaction ID : 75D45C0C-BADA-475C-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Wheeler

Mailing Address 4035 Mercantile Drive Suite 201

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 04 / 2014

Transaction ID : 301DD0FA-5752-4B67-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stewart White

Mailing Address 149 Lakeside Boulevard

City

Lakeside

State

MT

Zip Code

59922-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 04 / 2014

Transaction ID : 7F822960-CF2E-489F-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kirk Winward

Mailing Address 5169 Cottonwood St, Ste 630

City State Zip Code
 Salt Lake City UT 84107-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

12 / 03 / 2014

Transaction ID : A991811F-D3E8-461E-9

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. Harold Woodcome

Mailing Address 690 Eddy Street

City State Zip Code
 Providence RI 02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 02 / 2014

Transaction ID : B2571398-9454-4A65-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. George Wyhinny

Mailing Address 8901 Golf Rd Ste 206

City State Zip Code
 Des Plaines IL 60016-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

12 / 15 / 2014

Transaction ID : F0DEEDC8-90D1-40DE-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1064.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Young

Mailing Address 5300 North St

City

Nacogdoches

State

TX

Zip Code

75965-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2014			

Transaction ID : EB5D7BA1-E471-4ED3-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.42

24521.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Response	Percentage
Yes	82.70

59.92

142.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charlie Dent for Congress

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
Check was still outstanding. Voided check #112174

Candidate Name

Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2014

Transaction ID : 94958CEB2DD1D470CCD

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

B. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2014 Contribution

Candidate Name

Tenn Political Action Committee Inc (TENN PAC)

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

Transaction ID : ECE4B9B8FF3EA2BE87F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
2014 General Debt Retirement

Candidate Name

Fredrick Stephen Upton

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		09		2014

Transaction ID : 608143A5EE8DB27BD37

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Voice for Freedom

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2014

Transaction ID : F53AC1DD3210FB228C1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031-0037

Purpose of Disbursement
2016 General

011

Candidate Name

Gregory P. Walden

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2014

Transaction ID : 91970BF8311B160B4EF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

8500.00